

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: DME Providers
Pharmacists
Home Health Agencies
Managed Care Plans

**Memorandum No: 04-17 MAA
Issued: April 20, 2004**

**For Information, Contact
Toll Free: 1-800-562-6188**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

**Subject: Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing
Instruction and Fee Schedule Updates**

Retroactive to dates of service on and after April 1, 2004, the Medical Assistance Administration (MAA) has implemented the following changes to MAA's Wheelchairs, Durable Medical Equipment (DME), and Supplies Billing Instructions:

- New and deleted HCPCS* codes and updated maximum allowable fees;
- Updated maximum allowable fees for wheelchairs and accessories;
- Policy changes; and
- New forms.

New and Deleted HCPCS Codes

The Centers for Medicare and Medicaid (CMS) added and deleted HCPCS codes effective January 2004. MAA has updated its "Other" DME fee schedule and Wheelchair fee schedule to reflect these changes made by CMS.



Note: New HCPCS codes are designated with a “new” icon next to the code. Those HCPCS codes with a "#" symbol in the maximum allowable column are not covered by MAA (also indicated on page D.1 of the billing instructions).

Updated Maximum Allowable Fees for Wheelchairs and Accessories

MAA has updated its Wheelchair fee schedule with new maximum allowable fees.

Attached is replacement page D.1/D.2, the "Other" DME fee schedule (Section J), and the Wheelchair fee schedule (Section I) for MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated October 2003, reflecting these changes.

* HCPCS stands for Healthcare Common Procedure Coding System

Policy Changes

MAA has made changes to prior authorization requirements for wheelchairs, DME, and supplies. These changes include updates to the Washington State Expedited Prior Authorization Criteria Coding List and the removal of EPA on selected items. Attached are replacement pages G.1/G.2 and G.9-G.14 for MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated October 2003, reflecting these changes.

New Forms

The following new forms are available on the Department of Social and Health Service's (DSHS) "Electronic DSHS Forms" website:

Form Number	Name of Form
13-727	Wheelchair Purchase Evaluation (for home clients only)
13-728	Low Air-Loss Therapy Systems
13-729	Physical/Occupational Therapy Wheelchair Evaluation (for nursing facility clients)

If viewing this numbered memorandum electronically, you may click on the form number to bring up an Adobe format file. Otherwise, visit the Electronic DSHS Forms website at <http://www1.dshs.wa.gov/dshsforms/forms/eforms.html> and scroll down the page until you find the form you need.



Note: Other versions of this form will not be accepted after July 1, 2004.

Attached are replacement pages i/ii, E.1-E.8, and G.15/G.16 for MAA's Wheelchairs, Durable Medical Equipment, and Supplies Billing Instructions, dated October 2003, reflecting these changes.

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill your usual and customary charges.

Send reimbursement issues, questions, or comments to:

DME Manager
Professional Reimbursement Section
Division of Business and Finance
PO Box 45510
Olympia, Washington 98504-5510
Fax # (360) 753-9152

Send authorization issues, questions, or comments to:

Durable Medical Equipment Program Management Unit (DMEPMU)
Division of Medical Management
PO Box 45506
Olympia Washington 98504-5506
1-800-292-8064
Fax # (360) 586-5299

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Coverage

What is covered? [Refer to WAC 388-543-1100]

The Medical Assistance Administration (MAA) covers the following subject to the provisions of this billing instruction:

- Wheelchairs and other DME;
- Equipment and supplies prescribed in accordance with an approved plan of treatment under the home health program;
- Orthotic Devices;
- Equipment and supplies for the management of diabetes;
- Replacement batteries (for covered, purchased, medically necessary DME equipment); and
- Bilirubin lights (limited to rentals for at-home newborns with jaundice).



Note: Those HCPCS codes with a “#” symbol in the maximum allowable column of the fee schedule are not covered by MAA.

What are the general conditions of coverage?

MAA covers the services listed above when all of the following apply. They must be:

- Medically necessary (see *Definitions* section). The provider or client must submit sufficient objective evidence to establish medical necessity. Information used to establish medical necessity includes, but is not limited to, the following:
 - ✓ A physiological description of the client’s disease, injury, impairment, or other ailment, and any changes in the client’s condition written by the prescribing physician, licensed prosthetist and/or orthotist, physical therapist, occupational therapist, or speech therapist; or
 - ✓ Video and/or photograph(s) of the client demonstrating the impairments and the client’s ability to use the requested equipment, when applicable.

Wheelchairs, Durable Medical Equipment, and Supplies

- Within the scope of an eligible client's medical care program (see *Client Eligibility* section);
- Within accepted medical or physical medicine community standards of practice;
- Prior authorized (see *Prior Authorization* section);
- Prescribed by a physician or other licensed practitioner of the healing arts and are within the scope of his or her practice as defined by state law. The prescription must state the specific item or service requested, diagnosis, prognosis, estimated length of need (weeks or months, not to exceed six months before being reevaluated), and quantity; and
- Billed to the department as the payer of last resort only. MAA does not pay first and then collect from Medicare.

See the *Wheelchair Fee Schedule* and *Other DME Fee Schedule* sections (I and J) for a complete list of covered medical equipment and related supplies, repairs, and labor charges.



Note: The evaluation of a By Report (BR) item, procedure, or service for its medical appropriateness and reimbursement value on a case-by-case basis.

What are other specific conditions of coverage?

Clients Residing in a Nursing Facility

- MAA covers the following for a client in a nursing facility:
 - ✓ The purchase and repair of:
 - A speech generating device (SGD);
 - A wheelchair for the exclusive full-time use of a permanently disabled nursing facility resident when the wheelchair is not included in the nursing facility's per diem rate; or
 - A specialty bed; and
 - The rental of a specialty bed.
 - ✓ All other DME and supplies identified in this billing instruction are the responsibility of the nursing facility, in accordance with chapters 388-96 and 388-97 WAC.

Wheelchairs

Wheelchair Coverage [Refer to WAC 388-543-2000]

- The Medical Assistance Administration (MAA) bases its decisions regarding requests for wheelchairs on medical necessity and on a case-by-case basis. The following apply when MAA determines that a wheelchair is medically necessary for six months or less:
 - ✓ If the client lives at home, MAA rents a wheelchair for the client; or
 - ✓ If the client lives in a nursing facility, the nursing facility must provide a house wheelchair as part of the per diem rate paid by the Aging and Adult Services Administration (AASA).
- For the purchase of a wheelchair or for wheelchair accessories or modifications for nursing facility clients, MAA requires the provider to complete the Physical/Occupational Therapy Wheelchair Evaluation Form for Nursing Facility Clients (an electronic version can be obtained at <http://www1.dshs.wa.gov/dshsforms/forms/eforms.html>).

• Manual Wheelchairs

MAA considers rental or purchase of a manual wheelchair for a home client who is nonambulatory or has limited mobility and requires a wheelchair to participate in normal daily activities. MAA determines the type of manual wheelchair based on the following:

- ✓ A **standard wheelchair** if the client's medical condition requires the client to have a wheelchair to participate in normal daily activities;
- ✓ A **standard lightweight** wheelchair if the client's medical condition is such that the client:
 - Cannot self-propel a standard weight wheelchair; or
 - Requires custom modifications that cannot be provided on a standard weight wheelchair.

Wheelchairs, Durable Medical Equipment, and Supplies

- ✓ A **high-strength lightweight wheelchair** for a client:
 - Whose medical condition is such that the client cannot self-propel a lightweight or standard weight wheelchair; or
 - Requires custom modifications that cannot be provided on a standard weight or lightweight wheelchair.
- ✓ A **heavy duty wheelchair** for a client who requires a specifically manufactured wheelchair designed to:
 - Support a person weighing up to 300 pounds; or
 - Accommodate a seat width up to 22 inches wide (not to be confused with custom heavy duty wheelchairs).
- ✓ A **custom heavy duty wheelchair** for a client who requires a specifically manufactured wheelchair designed to:
 - Support a person weighing over 300 pounds; or
 - Accommodate a seat width over 22 inches wide.
- ✓ A **rigid wheelchair** for a client:
 - With a medical condition that involves severe upper extremity weakness;
 - Who has a high level of activity; and
 - Who is unable to self-propel any of the above categories of wheelchair.
- ✓ A **custom manufactured wheelchair** for a client with a medical condition requiring wheelchair customization that cannot be obtained on any of the above categories of wheelchairs.

- **Power-drive Wheelchairs**

- ✓ MAA considers a power-drive wheelchair when the client's medical needs cannot be met by a less costly means of mobility. The prescribing physician must certify that the client can safely and effectively operate a power-drive wheelchair and that the client meets all of the following conditions:

- The client's medical condition negates his or her ability to self-propel any of the wheelchairs listed in the manual wheelchair category;
- A power-drive wheelchair will provide the client the only means of independent mobility; and
- If a child, a power-drive wheelchair will enable a child to achieve age-appropriate independence and developmental milestones.

- ✓ All other circumstances will be considered based on medical necessity and on a case-by-case basis. The following additional information is required for a three- or four-wheeled power-drive scooter-cart:

- The prescribing physician certifies that the client's condition is stable; and
- The client is unlikely to require a standard power-drive wheelchair within the next two years.

- For the purchase of a wheelchair or for wheelchair accessories or modifications for home clients, MAA has developed a form that may be used called the "Wheelchair Purchase Evaluation Form (for home clients only)" (an electronic version can be obtained at <http://www1.dshs.wa.gov/dshsforms/forms/eforms.html>).

- **Coverage of Multiple Wheelchairs**

- ✓ MAA may cover two wheelchairs, a manual wheelchair and a power-drive wheelchair, for a noninstitutionalized client in certain situations. One of the following must apply:
 - The architecture of the client's home is completely unsuitable for a power-drive wheelchair, such as narrow hallways, narrow doorways, steps at the entryway, and insufficient turning radii;
 - The architecture of the client's home bathroom is such that power-drive wheelchair access is not possible, and the client needs a manual wheelchair to safely and successfully complete bathroom activities and maintain personal cleanliness; or
 - The client has a power-drive wheelchair, but also requires a manual wheelchair because the power-drive wheelchair cannot be transported to meet the client's community, workplace, or educational activities; the manual wheelchair would allow the caregiver to transport the client in a standard automobile or van. In these cases, MAA requires the client's situation to meet the following conditions:
 - ◆ The client's activities that require the second wheelchair must be located farther than one-fourth of a mile from the client's home; and
 - ◆ Cabulance, public buses, or personal transit are neither available, practical, nor possible for financial or other reasons.

All other circumstances are considered on a case-by-case basis, based on medical necessity.
- ✓ MAA considers the power-drive wheelchair to be the client's primary chair when the client has both a power-drive wheelchair and a manual wheelchair.

**Physical/Occupational Therapy Wheelchair Evaluation Form for Nursing
Facility Clients now located on DSHS's Electronic Forms Website.**

[CLICK HERE](#)

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**Wheelchair Purchase Evaluation Form (for home clients only) located on
DSHS's Electronic Forms Website.**

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Authorization

What is prior authorization?

Prior authorization (PA) is MAA's approval for certain medical services, equipment, or supplies, before the services are provided to clients, as a precondition for provider reimbursement.

Expedited prior authorization (EPA) and limitation extensions are forms of prior authorization.

Which items and services require prior authorization?

[Refer to WAC 388-543-1600]

MAA bases its determination about which durable medical equipment (DME) and related supplies and services require PA or EPA on utilization criteria. MAA considers all of the following when establishing utilization criteria:

- High cost;
- Potential for utilization abuse;
- Narrow therapeutic indication; and
- Safety.

MAA requires providers to obtain PA for the following:

- Augmentative communication devices (ACDs);
- Certain By Report (BR) DME and supplies as specified in this billing instruction;
- Blood glucose monitors requiring special features;
- Certain equipment rentals as specified in this billing instruction;
- Decubitus care products and supplies;
- Equipment parts and labor charges for repairs or modifications and related services;
- Orthopedic shoes and selected orthotics;
- Positioning car seats for children under five years of age;
- Wheelchairs, wheelchair accessories, wheelchair modifications, air, foam, and gel cushions, and repairs;
- Wheelchair-style shower/commode chairs;
- Other DME not specifically listed in this billing instruction and submitted as a miscellaneous procedure code; and
- Limitation extensions.

Wheelchairs, Durable Medical Equipment, and Supplies

MAA requires providers to obtain PA for the following items and services **if the provider fails to meet the expedited prior authorization criteria in this billing instruction** (see “*What is expedited prior authorization?*” in Section G). This includes, but is not limited to, the following:

- Decubitus care mattresses, including flotation or gel mattress;
- Hospital beds;
- Low air loss flotation system;
- Osteogenic stimulator, noninvasive; and
- Transcutaneous electrical nerve stimulators.

General Policies for Prior Authorization [WAC 388-543-1800]

- For PA requests, MAA requires the prescribing provider to furnish patient-specific justification for base equipment and each requested line item accessory or modification as identified by the manufacturer as a separate charge. MAA does not accept general standards of care or industry standards for generalized equipment as justification.
- When MAA receives an initial request for PA, the prescription(s) for those items or services cannot be older than three months from the date MAA receives the request.
- All written authorization requests must include a valid prescription.
- MAA requires certain information from providers in order to prior authorize the purchase or rental of equipment. This information includes, but is not limited to, the following:
 - ✓ The manufacturer’s name;
 - ✓ The equipment model and serial number;
 - ✓ A detailed description of the item; and
 - ✓ Any modifications required, including the product or accessory number as shown in the manufacturer’s catalog.
- MAA authorizes BR items that require PA and are listed in the fee schedule (see Sections I and J) only if medical necessity is established and the provider furnishes all of the following information to MAA:
 - ✓ A detailed description of the item or service to be provided;
 - ✓ The cost or charge for the item;
 - ✓ A copy of the manufacturer’s invoice, price-list or catalog with the product description for the item being provided; and
 - ✓ A detailed explanation of how the requested item differs from an already existing code description.

- 3) Has one of the following diagnosis:
 - a. Quadriplegia;
 - b. Tetraplegia;
 - c. Duchenne's M.D.;
 - d. ALS;
 - e. Ventilator Dependant; or
 - f. COPD or CHF with aspiration risk or shortness of breath that causes the need for an immediate position change of more than 30 degrees.
- 4) Must be able to independently and safely operate the bed controls.

Documentation Required:

- 1) Life expectancy, in months and/or years.
- 2) Client diagnosis including ICD-9-CM code.
- 3) Date of delivery and serial #.
- 4) Written documentation indicating client has not been previously provided a hospital bed, purchase or rental (i.e. written statement from client or caregiver).



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) This EPA criteria is to be used only for an initial purchase per client, per lifetime. It is not to be used for a replacement or if EPA rental has been used within the previous 24 months.
- 3) It is the vendors' responsibility to determine if the client has not been previously provided a hospital bed, either purchase or rental.
- 4) Hospital beds **will not** be covered:
 - a. As furniture;
 - b. To replace a client-owned waterbed;
 - c. For a client who does not own a standard bed with mattress, box spring and frame; or
 - d. If the client's standard bed is in an area of the home that is currently inaccessible by the client such as an upstairs bedroom.

LOW AIR LOSS THERAPY SYSTEMS

Procedure Code: E0371 & E0372 RR

730 Low Air Loss Mattress Overlay

Initial 30-day rental followed by one additional 30-day rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has at least one stage 3 decubitus ulcer on trunk of body;
- 3) Has acceptable turning and repositioning schedule;
- 4) Has timely labs (every 30 days); and
- 5) Has appropriate nutritional program to heal ulcers.

Procedure Code: E0186 & E0373 RR

735 Low Air Loss Mattress without bed frame

Initial 30-day rental followed by an additional 30 days rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Is bed-confined 20 hours per day during rental of therapy system;
- 2) Has multiple stage 3/4 decubitus ulcers or one stage 3/4 with multiple stage 2 decubitus ulcers on trunk of body;
- 3) Has ulcers on more than one turning side;
- 4) Has acceptable turning and repositioning schedule;
- 5) Has timely labs (every 30 days); and
- 6) Has appropriate nutritional program to heal ulcers.

740 Low Air Loss Mattress without bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

Procedure Code: E0194 RR

750 Air Fluidized Flotation System including bed frame

Initial 30-day rental in a 12-month period upon hospital discharge following a flap surgery.

For All Low Air Loss Therapy Systems

Documentation Required:

- 1) A "Low Air Loss Therapy Systems" form must be completed for each rental segment and signed and dated by nursing staff in facility or client's home (an electronic version can be obtained at <http://www1.dshs.wa.gov/dshsforms/forms/efor.ms.html>).
- 2) A new form must be completed for each rental segment.
- 3) A re-dated prior form will not be accepted.
- 4) A dated picture must accompany each form. (See sample form on pp. G.13 and G.14.)



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

NONINVASIVE BONE GROWTH/NERVE STIMULATORS

Procedure Code: E0730 RR

760 Transcutaneous Electrical Nerve Stimulator (TENS)

Up to 2 months continuous rental in a 12-month period if **all** of the following criteria are met. The client:

- 1) Demonstrates a condition that is causing chronic intractable pain, defined as pain that is of long duration that has been difficult to manage;
- 2) Has a pain level documented at 6 or greater on a scale of one to 10;
- 3) Has a date of onset at least 6 months ago;
- 4) Has had no surgery within the previous 3 months;
- 5) Is receiving continual pain and/or anti-inflammatory medication;
- 6) Has had at least 5 physical therapy visits during the past 6 months with no perceptible improvement in pain relief or activity level; and
- 7) Has an objective of decreasing/discontinuing medications and increasing level of activity.

Procedure Code: E0730 NU

761 Transcutaneous Electrical Nerve Stimulator (TENS)

Purchase unit after 2 months of EPA or prior authorized rental if **all** of the following criteria are met. The client:

- 1) Is using the unit 6 or more hours per day or 2 or more hours per day for the Alpha Stim brand;
- 2) Has a pain level documented at 5 or less on a scale of one to 10;
- 3) Has been a reduction in prescription medication use for chronic intractable pain condition; and
- 4) Has an increased activity level.

Procedure Code: E0747 NU & E0760 NU

765 Non-Spinal Bone Growth Stimulator

Allowed for purchase when one or more of the following criteria is met. The client:

- 1) Has a nonunion of a long bone fracture (which includes clavicle, humerus, phalanges, radius, ulna, femur, tibia, fibula, metacarpal & metatarsal) after 6 months have elapsed since the date of injury without healing; or
- 2) Has a failed fusion of a joint other than in the spine where a minimum of 6 months has elapsed since the last surgery.

Procedure Code: E0748 NU

770 Spinal Bone Growth Stimulator

Allowed for purchase when the prescription is from a neurologist, an orthopedic surgeon, or a neurosurgeon and when one or more of the following criteria is met. The client:

- 1) Has a failed spinal fusion where a minimum of 9 months have elapsed since the last surgery; or
- 2) Is post-op from a multilevel spinal fusion surgery; or
- 3) Is post-op from spinal fusion surgery where there is a history of a previously failed spinal fusion.



Note:

- 1) If the client's medical condition does not meet all of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

MISCELLANEOUS DURABLE MEDICAL EQUIPMENT

Procedure Code: E0603 & E0604 RR

800 Breast pump, electric

Unit may be rented for the following lengths of time and when the criteria are met. The client:

- 1) Has a maximum of 2 weeks during any 12-month period for engorged breasts;
- 2) Has a maximum of 3 weeks during any 12-month period if the client is on a regimen of antibiotics for a breast infection;
- 3) Has a maximum of 2 months during any 12-month period if the client has a newborn with a cleft palate; or
- 4) Has a maximum of 2 months during any 12-month period if the client meets all of the following:
 - a. Has a hospitalized premature newborn;
 - b. Has been discharged from the hospital; and
 - c. Is taking breast milk to hospital to feed newborn.

Procedure Code: E0935 RR

810 Continuous Passive Motion System (CPM)

Up to 10 days rental during any 12-month period, upon hospital discharge, when the client is diagnosed with one of the following:

- 1) Frozen joints;
- 2) Intra-articular tibia plateau fracture;
- 3) Anterior cruciate ligament injury; or
- 4) Total knee replacement.

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code: E0650 RR

820 Extremity pump

Up to 2 months rental during a 12-month period for treatment of severe edema.

Purchase of the equipment should be requested and rental not allowed when equipment has been determined to be:

- 1) Medically effective;
- 2) Medically necessary; and
- 3) A long-term, permanent need.

Procedure Code: E1399

754 Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

755 Prone stander, youth size (child up to 58" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

756 Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps. Purchase of 1 every 5 years per client when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

758 Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps. Limit of 1 per client every 5 years allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

759 Shower, hand-held. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

764 Breast pump kit for electric breast pump. Purchase allowed when all of the following criteria are met:

- 1) When needed for use with an authorized electric breast pump; (either prior authorization or EPA);
- 2) Client is not in a nursing facility.
- 3) Prescribed by a physician.

Procedure Code: E1399

766 Bath seat without back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

767 Heavy duty bath chair (for clients over 250lbs.) Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Wheelchairs, Durable Medical Equipment, and Supplies

Procedure Code: E1399

771 Padded or unpadded shower/commode chair, wheeled, with casters. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

772 Adjustable bath/shower chair with back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

773 Adjustable bath/shower chair with back, padded seat. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

774 Pediatric bath chair; includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

776 Youth bath chair, includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

777 Adult bath chair, includes head pad, chest and leg straps. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

778 Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.

Procedure Code: E1399

779 Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back. Purchase allowed when all of the following criteria are met:

- 1) Prescribed by a physician
- 2) Client does not reside in a nursing facility.



Note:

- 1) If the client's medical condition does not meet **all** of the specified criteria, prior authorization must be obtained by submitting a request to the DME program (see the *Important Contacts*) or by calling the authorization toll-free number at 1-800-292-8064.
- 2) It is the vendors' responsibility to determine whether the client has already used the EPA rental period allowed under EPA criteria or if the client has already established rental through another vendor. The EPA rental is allowed only one time, per client, per 12-month period.
- 3) For extension of authorization beyond the EPA period, prior authorization must be obtained either by submitting the request in writing or calling the toll-free authorization line. At this time a new authorization number will be assigned.

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Low Air-Loss Therapy Systems Form located on DSHS's Electronic Forms Website.





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Wheelchair Fee Schedule

All wheelchairs and wheelchair rentals require prior authorization.
Rental rates are monthly unless otherwise indicated.

Manual Wheelchairs (Covered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1031	NU	\$1,496.80	Rollabout chair, any and all types with casters five inches or greater.
E1060	RR	\$124.22	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests. See Expedited Prior Authorization (EPA), Section G.
E1161	NU	\$2,366.09	Manual adult size wheelchair, includes tilt in space.
 E1231	NU	80%	Wheelchair, pediatric size, tilt- in- space, rigid, adjustable, with seating system.
E1232	NU	80%	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system.
E1233	NU	80%	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system.
 E1234	NU	\$1,928.95	Wheelchair, pediatric size, tilt in space, folding, adjustable, without seating system.
 E1235	NU	\$1,857.43	Wheelchair, pediatric size, rigid, adjustable, with seating system.
 E1236	NU	\$1,638.73	Wheelchair, pediatric size, folding, adjustable, with seating system.
E1237	NU RR	\$1,653.05 \$165.30	Wheelchair, pediatric size, rigid, adjustable, without seating system.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1238	NU	\$1,723.55	Wheelchair, pediatric size, folding, adjustable, without seating system.
K0001	NU RR	\$546.20 \$54.62	Standard wheelchair (all styles of arms, foot rests, and/or leg rests). See Expedited Prior Authorization (EPA), Section G (for rental only).
 K0002	NU RR	\$695.60 \$69.56	Standard hemi(low seat) for wheelchair
K0003	NU RR	\$895.80 \$89.59	Lightweight wheelchair (all styles of arms, foot rests, and/or leg rests). See Expedited Prior Authorization (EPA), Section G (for rental only).
K0004	NU	\$1,336.40	High strength, lightweight wheelchair.
K0005	NU	\$1,848.76	Ultralightweight wheelchair.
K0006	NU RR	\$1254.10 \$125.41	Heavy-duty wheelchair (all styles of arms, foot rests, and/or leg rests). See Expedited Prior Authorization (EPA), Section G.
K0007	NU	\$1,785.00	Extra heavy-duty wheelchair.
K0009	NU	80%	Other manual wheelchair/base.

MANUAL WHEELCHAIRS (Noncovered HCPSC Codes)

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1037		#	Transport chair, pediatric size
E1038		#	Transport chair, adult size

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1050		#	Fully reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (see codes K0003 & E1226)
E1070		#	Fully reclining wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see codes K0003 & E1226)
E1083		#	Hemi-wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (see code K0002 or K0003)
E1084		#	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (see code K0002 or K0003)
E1085		#	Hemi-wheelchair; fixed full-length arms, swing-away, detachable footrests (see code K0002 or K0003)
E1086		#	Hemi-wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see code K0002 or K0003)
E1087		#	High-strength lightweight wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (see K0004)
E1088		#	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (see K0004)
E1089		#	High-strength lightweight wheelchair; fixed-length arms, swing-away, detachable footrests (see K0004)
E1090		#	High-strength lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see K0004)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1092		#	Wide, heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (see K0007)
E1093		#	Wide, heavy-duty wheelchair; detachable arms, desk or full-length arms, swing-away, detachable footrests (see K0007)
E1100		#	Semi-reclining wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests (see K0003 & E1226)
E1110		#	Semi-reclining wheelchair; detachable arms, desk or full-length, elevating legrests (see K0003 & E1226)
E1130		#	Standard wheelchair; fixed full-length arms, fixed or swing-away, detachable footrests (see K0001)
E1140		#	Wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests (see K0001)
E1150		#	Wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests (see K0001)
E1160		#	Wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests
E1170		#	Amputee wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests. (see K0001 - K0005)
E1171		#	Amputee wheelchair; fixed full-length arms, without footrests or legrests. (see K0001 - K0005)
E1172		#	Amputee wheelchair; detachable arms, desk or full-length, without footrests or legrests. (see K0001 - K0005)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1180		#	Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (see K0001 - K0005)
E1190		#	Amputee wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests. (See K0001 - K0005)
E1195		#	Heavy duty wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests. (See K0007)
E1200		#	Amputee wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0001 - K0005)
E1240		#	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests. (See K0003 or K0004)
E1250		#	Lightweight wheelchair; fixed full-length arms, swing-away, detachable, footrests. (See K0003 or K0004)
E1260		#	Lightweight wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0003 or K0004)
E1270		#	Lightweight wheelchair; fixed full-length arms, swing-away, detachable elevating legrests. (See K0003 or K0004)
E1280		#	Heavy-duty wheelchair; detachable arms, desk or full-length, elevating legrests. (See K0007)
E1285		#	Heavy-duty wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0007)
E1290		#	Heavy-duty wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0007)

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
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E1295		#	Heavy-duty wheelchair; fixed full-length arms, elevating legrests. (See K0007)
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POWER WHEELCHAIRS (Covered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
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E1230	NU	\$2,261.79	Power operated vehicle (three- or four-wheel nonhighway), specify brand name and model number.
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K0010	NU RR	\$4,259.90 \$425.99	Standard-weight frame motorized/power wheelchair
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K0011	NU RR	\$5,296.50 \$529.65	Standard-weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking.
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K0012	NU RR	\$3,249.20 \$324.92	Lightweight portable motorized/power wheelchair.
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K0014	NU	85%	Other motorized/power wheelchair base.
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POWER WHEELCHAIRS (Noncovered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
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E1210		#	Motorized wheelchair; fixed full-length arms, swing-away, detachable, elevating legrests. (See K0010 - K0014)
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Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1211		#	Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable, elevating legrests. (See K0010 - K0014)
E1212		#	Motorized wheelchair; fixed full-length arms, swing-away, detachable footrests. (See K0010 - K0014)
E1213		#	Motorized wheelchair; detachable arms, desk or full-length, swing-away, detachable footrests. (See K0010 - K0014)



Special Size Wheelchairs - Power or Manual (Noncovered HCPCS Codes)

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E1220		#	Wheelchair; specially sized or constructed (indicate brand name, model number, if any, and justification). (See K0009 or K0014)
E1221		#	Wheelchair with fixed arm, footrests. (See K0001 - K0014)
E1222		#	Wheelchair with fixed arm, elevating legrests. (See K0001 - K0014)
E1223		#	Wheelchair with detachable arms, footrests. (See K0001 - K0014)
E1224		#	Wheelchair with detachable arms, elevating legrests. (See K0001 - K0014)











Wheelchair Modifications, Accessories, and Repairs

All modifications, accessories, and repairs require prior authorization.




Cushions

HCP Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0176		\$91.04	Air pressure pad or cushion, nonpositioning.
 E0178		\$121.34	Gel or gel-like pressure pad or cushion, nonpositioning.
 E0179		\$11.96	Dry pressure pad or cushion, nonpositioning
E0192		\$387.01	Low pressure and positioning equalization pad, for wheelchair.
E0962		\$59.49	One-inch cushion, for wheelchair (without cover, each).
E0963		\$71.06	Two-inch cushion, for wheelchair (without cover, each).
E0964		\$67.39	Three-inch cushion, for wheelchair (without cover, each).
E0965		\$72.04	Four-inch cushion, for wheelchair (without cover, each).
E0977		\$65.41	Wedge cushion, wheelchair.






Custom Frame Up-Charges

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E1014		80%	Reclining back, addition to pediatric wheelchair
E1225		80%	Manual wheelchair accessory, semi-reclining back (recline greater than 15 degrees, but less than 80 degrees), each.
 E1226		80%	Manual wheelchair accessory, fully reclining back, each. <i>Replaces HCPCS code K0028 for dates of service on and after April 1, 2004.</i>
 E1227		80%	Special height arms for wheelchair (Up-charge by construction)
E1228		80%	Special back height for wheelchair.
E1296		#	Special wheelchair seat height from floor (See K0056)
 E1297		80%	Special wheelchair seat depth, by upholstery
 E1298		80%	Special wheelchair seat depth and/or width, by construction
 E2201		80%	Manual wheelchair accessory, nonstandard seat frame, width greater than or equal to 20 inches and less than 24 inches
 E2202		80%	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
 E2203		80%	Manual wheelchair accessory, nonstandard seat frame depth, 20 to less than 22 inches
 E2204		80%	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
 E2340		80%	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E2341		80%	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
 E2342		80%	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
 E2343		80%	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
K0028	BR		Manual, fully reclining back. Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E1226.
K0054		80%	Seat width of 10, 11, 12, 15, 17, or 20 inches for a high strength, lightweight, or ultralightweight wheelchair. Discontinued with dates of service on and after April 1, 2004.
K0055		80%	Seat depth of 15, 17 or 18 inches for a high strength, lightweight or ultralightweight wheelchair. Discontinued with dates of service on and after April 1, 2004.
K0056		80%	Seat height less than 17 inches or equal to or greater than 21 inches for a high strength, lightweight, or ultralightweight wheelchair.
K0057		80%	Seat width 19 or 20 inches for heavy duty or extra heavy duty chair. Discontinued with dates of service on and after April 1, 2004.
K0058		80%	Seat depth 17 or 18 inches for a motorized/power wheelchair. Discontinued with dates of service on and after April 1, 2004.











Armrests and Parts

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E0973		84%	Wheelchair accessory, adjustable height, detachable armrest, complete assembly, each. <i>Replaces HCPCS code K0016 for dates of service on and after April 1, 2004.</i>
 E0994		84%	Armrest, each (replacement only)
K0015		84%	Detachable, nonadjustable height armrest, each.
K0016		84%	Detachable, adjustable height armrest, complete assembly, each. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0973.</i>
 K0017		84%	Detachable, adjustable height armrest, base, each (replacement only)
 K0018		84%	Detachable, adjustable height armrest, upper portion, each (replacement only)
 K0019		84%	Arm pad, each (replacement only)
K0020		84%	Fixed, adjustable height armrest, pair.
K0106		\$107.16	Arm trough, each.




Lower Extremity Positioning (legrests, etc.)

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0951		\$18.98	Heel loop/holder, with or without ankle strap, each. <i>Current code but also replaced HCPCS code K0035 for dates of service on and after April 1, 2004.</i>





Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E0952		\$18.83	Toe loop/holder each. <i>Replaces HCPCS code K0036 for dates of service on and after April 1, 2004.</i>
 E0990		84%	Wheelchair accessory, elevating leg rest, complete assembly, each. <i>Replaces HCPCS code K0048 for dates of service on and after April 1, 2004.</i>
 E0995		84%	Wheelchair accessory, calf rest/pad, each. <i>Replaces code HCPCS code K0049 for dates of service on and after April 1, 2004.</i>
K0035		\$24.52	Heel loop with ankle strap, each. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0951.</i>
K0036		\$18.83	Toe loop, each. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0952.</i>
K0037		\$48.16	High mount flip-up footrest, each.
 K0038		84%	Leg strap, each
 K0039		84%	Leg strap, H style, each
K0040		\$74.67	Adjustable angle footplate, each.
K0041		\$52.92	Large size footplate, each.
 K0042		84%	Standard size footplate, each
 K0043		84%	Footrest, lower extension tube, each
 K0044		84%	Footrest, upper hanger bracket, each (replacement)
K0045		84%	Footrest, complete assembly.
 K0046		84%	Elevating legrest, lower extension tube, each
 K0047		84%	Elevating legrest, upper hanger bracket, each (replacement)











Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0048		84%	Elevating legrest, complete assembly. Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0990.
K0049		84%	Calf pad, each. Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0995.
 K0050		84%	Ratchet assembly (replacment)
 K0051		84%	Cam release assembly, footrest or legrest, each (replacement)
K0052		84%	Swingaway, detachable footrests, each.
 K0053		84%	Elevating footrests, articulating (telescoping), each



Seating and Positioning

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E0950		\$103.95	Wheelchair accessory, tray, each
 E0955		\$202.18	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
 E0956		\$98.58	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
 E0957		\$137.93	Wheelchair accessory, medial-thigh support, prefabricated, including fixed mounting hardware, each








Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E0960		\$90.98	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware.
 E0978		\$42.70	Wheelchair accessory, safety belt/pelvic strap, each. <i>Replaces HCPCS code K0031 for dates of service on and after April 1, 2004.</i>
 E0980		\$33.06	Safety vest, wheelchair
 E0981		84%	Wheelchair accessory, seat upholstery, replacement only, each. <i>Replaces HCPCS codes K0032 and K0033 for dates of service on and after April 1, 2004.</i>
 E0982		84%	Wheelchair accessory, back upholstery, replacement only, each. <i>Replaces HCPCS code K0026 for dates of service on and after April 1, 2004.</i>
E0992		\$95.15	Manual wheelchair accessory, solid seat insert.
 E1012		84%	Integrated seating system, planar, for pediatric wheelchair
 E1013		84%	Integrated seating system, contoured, for pediatric wheelchair
 E1026		\$192.90	Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware)
 E1027		\$275.06	Lateral/anterior support, for pediatric wheelchair, each (includes hardware)
 K0023		\$94.09	Solid back insert, planar back, single density foam, attached with straps
K0024		\$309.35	Solid back insert, planar back, single density foam, with adjustable hook-on hardware.








Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0026		BR	Back upholstery for ultralightweight or high-strength lightweight wheelchair. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0982.</i>
K0027		BR	Back upholstery for wheelchair type other than ultralightweight or high-strength lightweight wheelchair. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0982.</i>
K0030		\$202.85	Solid seat insert, planar seat, single density foam. <i>Discontinued with dates of service on and after April 1, 2004.</i>
K0031		\$42.70	Safety belt/pelvic strap, each. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0978.</i>
K0032		84%	Seat upholstery for ultralightweight or high-strength lightweight wheelchair. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0981.</i>
K0033		84%	Seat upholstery for wheelchair type other than ultralightweight or high-strength lightweight wheelchair. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0981.</i>
 K0114		84%	Back support system for use with a wheelchair, with inner frame, prefabricated
K0115		84%	Seating system, back module, posterior-lateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base.
 K0116		84%	Seating system, combined back & seat module, custom fabricated for attachment to wheelchair base

Handrims, Wheels, and Tires (includes parts)


HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E0967		84%	Manual wheelchair accessory, hand rim with projections, each. <i>Replaces HCPCS codes K0062 and K0063 for dates of service on and after April 1, 2004.</i>
 E0997		84%	Caster with fork
 E0998		84%	Caster without fork
 E0999		84%	Pneumatic tire with wheel
 E1001		84%	Wheel, single
K0059		\$31.72	Plastic coated handrim, each.
 K0060		84%	Steel handrim, each
 K0061		84%	Aluminum handrim, each
K0062		84%	Handrim with 8 to 10 vertical or oblique projections, each. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0967.</i>
K0063		84%	Handrim with 12 to 16 vertical or oblique projections, each. <i>Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E0967.</i>
K0064		84%	Zero pressure tube (flat free insert), any size, each.
K0065		\$44.46	Spoke protectors, each.
K0066		84%	Solid tire, any size, each.
K0067		84%	Pneumatic tire, any size, each.
K0068		84%	Pneumatic tire tube, each (any size).


Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0069		84%	Rear wheel assembly, complete, with solid tire, spokes or molded, each.
K0070		84%	Rear wheel assembly, complete with pneumatic tire, spokes or molded, each.
K0071		84%	Front caster assembly, complete, with pneumatic tire, each.
K0072		84%	Front caster assembly, complete, with semipneumatic tire, each.
K0073		84%	Caster pin lock, each.
K0074		84%	Pneumatic caster tire, any size, each.
K0075		84%	Semipneumatic caster tire, any size, each.
K0076		84%	Solid caster tire, any size, each.
K0077		84%	Front caster assembly, complete, with solid tire, each.
K0078		84%	Pneumatic caster tire tube, each.
 K0090		84%	Rear wheel tire for power wheelchair, any size, each
 K0091		84%	Rear wheel tire tube other than zero pressure for power wheelchair, any size, each
 K0092		84%	Rear wheel assembly for power wheelchair, complete, each
 K0093		84%	Rear wheel zero pressure tire tube (flat free insert) for power wheelchair, any size, each
 K0094		84%	Wheel tire for power base, any size, each
 K0095		84%	Wheel tire tube other than zero pressure for each base, any size, each
 K0096		84%	Wheel assembly for power base, complete, each

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
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 K0097 84% Wheel zero pressure tire tube (flat free insert) for power base, any size, each

 K0099 84% Front caster for power wheelchair

Other Accessories (manual and power)

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
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E0958 84% Manual wheelchair accessory, one-arm drive attachment, each.


E0959 \$44.21 Manual wheelchair accessory, adapter for amputee, each.

E0961 \$12.28 Manual wheelchair accessory, wheel lock brake extension (handle), each. **Changed from pair to each with new description.**

E0971 \$55.89 Anti-tipping device, wheelchair (pair).

E0974 \$38.36 Manual wheelchair accessory, anti-rollback device, each. **Changed from pair to each with new description.**

 E1015 84% Shock absorber for manual wheelchair, each

 E1017 84% Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each



 E1020 84% Residual limb support system for wheelchair

 E1029 84% Wheelchair accessory, ventilator tray, fixed






 E1030 84% Wheelchair accessory, ventilator tray, gimbaled

 K0081 84% Wheel lock assembly, complete, each



Wheelchairs, Durable Medical Equipment (DME), and Supplies

 K0102	84%	Crutch and cane holder, each
K0104	\$118.78	Cylinder tank carrier, each.
 K0105	84%	IV hanger, each
K0108	84%	Other accessories.













Manual Wheelchair Conversions

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E0983		84%	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control
 E0984		84%	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, tiller control
 E0985		84%	Wheelchair accessory, seat lift mechanism
 E0986		84%	Manual wheelchair accessory, push-rim activated power assist, each
 E1065		84%	Power attachment (to convert any wheelchair to motorized wheelchair, e.g., Solo)









Power Wheelchair Add-on Functions and Controls

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E1002		84%	Wheelchair accessory, power seating system, tilt only
 E1003		84%	Wheelchair accessory, power seating system, recline only, without shear reduction










Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E1004		84%	Wheelchair accessory, power seating system, recline only, with mechanical shear reduction
 E1005		84%	Wheelchair accessory, power seating system, recline only, with power shear reduction
 E1006		84%	Wheelchair accessory, power seating system, combination tilt and recline, without shear reduction
 E1007		84%	Wheelchair accessory, power seating system, combination tilt and recline, with mechanical shear reduction
 E1008		84%	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
 E1009		84%	Wheelchair accessory, addition to power seating system, mechanically linked leg elevation system, including pushrod and legrest, each
 E1010		84%	Wheelchair accessory, addition to power seating system, power leg elevation system, including leg rest, each
 E1016		84%	Shock absorber for power wheelchair, each
 E1018		84%	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each
 E1019		84%	Wheelchair accessory, power seating system, heavy duty feature, patient weight capacity greater than 250 pounds and less than or equal to 400 pounds.
 E1021		84%	Wheelchair accessory, power seating system, extra heavy duty feature, weight capacity greater than 400 pounds.
 E1028		84%	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for joystick, other control interface or positioning

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
			accessory
 E2300		84%	Power wheelchair accessory, power seat elevation system
 E2301		84%	Power wheelchair accessory, power standing system
 E2310		84%	Power wheelchair accessory, electronic connection between wheelchair controller & one power seating system motor, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
 E2311		84%	Power wheelchair accessory, electronic connection between wheelchair controller and two or more power seating system motors, including all related electronics, indicator feature, mechanical function selection switch, and fixed mounting hardware
 E2320		84%	Power wheelchair accessory, hand or chin control interface, remote joystick or touchpad, proportional, including all related electronics, and fixed mounting hardware
 E2321		84%	Power wheelchair accessory, hand control interface, remote joystick, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
 E2322		84%	Power wheelchair accessory, hand control interface, multiple mechanical switches, nonproportional, including all related electronics, mechanical stop switch, and fixed mounting hardware
 E2323		84%	Power wheelchair accessory, specialty joystick handle for hand control interface, prefabricated

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E2324		84%	Power wheelchair accessory, chin cup for chin control interface
 E2325		84%	Power wheelchair accessory, sip and puff interface, nonproportional, including all related electronics, mechanical stop switch, and manual swingaway mounting hardware
 E2326		84%	Power wheelchair accessory, breath tube kit for sip and puff interface
 E2327		84%	Power wheelchair accessory, head control interface, mechanical, proportional, including all related electronics, mechanical direction change switch, and fixed mounting hardware
 E2328		84%	Power wheelchair accessory, head control or extremity control interface, electronic, proportional, including all related electronics and fixed mounting hardware
 E2329		84%	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
 E2330		84%	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional, including all related electronics, mechanical stop switch, mechanical direction change switch, head array, and fixed mounting hardware
 E2331		84%	Power wheelchair accessory, attendant control, proportional, including all related electronics and fixed mounting hardware
 E2351		84%	Power wheelchair accessory, electronic interface to operate speech generating device using power wheelchair control interface

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
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E2399

84%

Power wheelchair accessory, not otherwise classified interface, including all related electronics and any type mounting hardware

Batteries and Chargers

HCPSC Code	Modifier	April 1, 2004 Maximum Allowable	Description
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E2360

\$104.43

Power wheelchair accessory, 22 NF non-sealed lead acid battery, each. ***Replaces HCPCS code K0082 for dates of service on and after April 1, 2004.***



E2361

\$139.47

Power wheelchair accessory, 22 NF sealed lead acid battery, each (e.g. gel cell, absorbed glassmat). ***Replaces HCPCS code K0083 for dates of service on and after April 1, 2004.***



E2363

\$186.00

Power wheelchair accessory, group 24 sealed lead acid battery, each(e.g. gel cell, absorbed glassmat)



E2365

\$112.17

Power wheelchair accessory, U-1 sealed lead acid battery, each (e.g. gell cell, absorbed glassmat)



E2366

84%

Power wheelchair accessory, battery charger, single mode, for use with only one battery type, sealed or non-sealed, each. ***Replaces HCPCS code K0088 for dates of service on and after April 1, 2004.***



E2367

84%

Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or non-sealed, each

~~K0082~~




~~\$102.48~~

~~22 NF non-sealed lead acid battery, each.~~
Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E2360.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
K0083		\$163.06	22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glass mat). Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E2361.
K0088		\$262.62	Battery charger, single mode, for use with only one battery type, sealed or non-sealed. Discontinued with dates of service on and after April 1, 2004. Replaced with HCPCS code E2366.

Miscellaneous Repair Only

HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
 E1011		84%	Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)
E1340		\$17.43	Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. (Troubleshooting, delivery, evaluations, travel time, etc. are included in the reimbursement for the parts and accessories.)
 K0098		84%	Drive belt for power wheelchair
 K0452		84%	Wheelchair bearings, any type

Accessories (Noncovered HCPCS Codes)




HCPCS Code	Modifier	April 1, 2004 Maximum Allowable	Description
E0177		#	Water pressure pad or cushion, nonpositioning.
E0953		#	Pneumatic tire, each (see code K0067)
E0954		#	Semi-pneumatic caster, each (see code K0075)
E0966		#	Manual wheelchair accessory, headrest extension, each
E0968		#	Commode seat, wheelchair
E0969		#	Narrowing device, wheelchair
E0970		#	No. 2 footplates, except for elevating legrest (see K0037 & K0042)
E0996		#	Tire, solid, each (see K0066)
E1000		#	Tire, pneumatic caster (see K0074)
E2362		#	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
E2364		#	Power wheelchair accessory, U-1 non-sealed lead acid battery, each
K0195		#	Elevating leg rest, pair (for use with capped rental wheelchair base)

Wheelchairs, Durable Medical Equipment (DME), and Supplies




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Other DME Fee Schedule



Beds, Mattresses, and Related Equipment

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
A4640	RP	\$56.39	Replacement pad for use with medically necessary alternating pressure pad owned by patient. Purchase only. Included in nursing facility daily rate.
 A6550		\$27.42	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each. Purchase only. Requires prior authorization. Replaces HCPCS K0539.
 A6551		\$24.53	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each. Purchase only. Requires prior authorization. Replaces HCPCS K0540.
E0180	NU RR	\$214.70 \$21.47	Pressure pad, alternating with pump. Rental requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0181	NU RR	\$238.00 \$23.80	Pressure pad, alternating with pump; heavy duty. For clients over 250 lbs. Rental requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0182	RP	\$260.60	Pump for alternating pressure pad. Replacement purchase only. Included in nursing facility daily rate.
 E0184		\$194.70	Dry pressure mattress. Included in nursing facility daily rate. Purchase Only.
E0185	NU RR	\$318.28 \$31.82	Gel or gel-like pressure pad for mattress. Included in nursing facility daily rate. Rental requires prior authorization. Deemed purchased after 1 year's rental.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0186	NU RR	\$12,078.00 \$40.26/day	Air pressure mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E0187		#	Water pressure mattress.
 E0190		\$30.04	Positioning cushion/pillow/wedge, any shape or size. Included in nursing facility daily rate. Purchase only.
E0193		#	Powered air flotation bed (low air loss therapy).
E0194	NU RR	\$28,620.00 \$95.40/day	Air fluidized bed. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
 E0196		\$324.90	Gel pressure mattress. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0197	NU RR	\$220.49 \$22.10	Air pressure pad for mattress (standard mattress length and width). Included in nursing facility daily rate. Rental requires prior authorization. Deemed purchased after 1 year's rental.
 E0198		\$188.34	Water pressure pad for mattress, standard mattress length and width. Included in nursing facility daily rate. Purchase only.
E0199		\$31.89	Dry pressure pad for mattress, standard mattress length and width. Purchase only. Included in nursing facility daily rate.
E0250		#	Hospital bed, fixed height, with any type side rails, with mattress.
E0251		#	Hospital bed, fixed height, with any type side rails, without mattress.
E0255		#	Hospital bed, variable height, hi-lo, with any type side rails, with mattress. (see E0292 and E0305 or E0310)




Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0256		#	Hospital bed, variable height, hi-lo, with any type side rails, without mattress. (see E0293 and E0305 or E0310)
E0260		#	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress. (see E0294 and E0305 or E0310)
E0261		#	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress. (see E0295 and E0305 or E0310)
E0265		#	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress. (see E0296 and E0305 or E0310)
E0266		#	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress. (see E0297 and E0305 or E0310)
E0270		#	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress.
E0271	NU	\$220.94 \$22.10	Mattress, inner spring. Included in nursing facility daily rate. Replacement only.
 E0272		\$191.78	Mattress, foam rubber (replacement only). Included in nursing facility daily rate. Purchase only.
E0273		#	Bed board
E0274		#	Over-bed table
 E0277	NU RR	\$7,552.50 \$25.18	Powered pressure-reducing air mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0280		#	Bed cradle, any type.
E0290		#	Hospital bed, fixed height, without side rails, with mattress.





Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0291		#	Hospital bed, fixed height, without side rails, with mattress.
E0292	NU RR	\$836.30 \$83.63	Hospital bed, variable height, hi-lo, without side rails, with mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. Included in the nursing facility daily rate. See Expedited Prior Authorization (EPA), Section G.
E0293	NU RR	\$701.10 \$70.11	Hospital bed, variable height, hi-lo, without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0294	NU RR	\$1,300.10 \$130.01	Hospital bed, semi-electric (head and foot adjustments), without side rails, with mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. See Expedited Prior Authorization (EPA), Section G.
E0295	NU RR	\$1,209.70 \$120.97	Hospital bed, semi-electric (head and foot adjustments), without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0296	NU RR	\$1,633.80 \$163.38	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0297	NU RR	\$1,399.70 \$139.97	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
 E0300	NU RR	\$2,838.62 \$283.86	Pediatric crib, hospital grade, fully enclosed. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0301		#	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress.
E0302		#	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress.
 E0303	NU RR	\$9,363.20 \$31.21/day	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress. Replaces HCPCS code K0549. Requires prior authorization. Deemed purchased after 1 year's rental.
 E0304	NU RR	\$9,363.20 \$31.21/day	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress. Replaces HCPCS code K0550. Requires prior authorization. Deemed purchased after 1 year's rental.
E0305	NU RR	\$177.10 \$17.71	Bedside rails, half length, pair. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0310	NU RR	\$193.18 \$19.31	Bedside rails, full length, pair. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0315		#	Bed accessory: board, table, or support device, any type.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
 E0316		\$2,030.70	Safety enclosure frame/canopy for use with hospital bed, any type. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E0370		#	Air pressure elevator for heel.
 E0371	NU RR	\$4,447.80 \$14.83/day	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
E0372	NU RR	\$7,632.00 \$25.44/day	Powered air overlay for mattress, standard mattress length and width. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
 E0373	NU RR	\$6,144.70 \$20.48/day	Nonpowered advanced pressure reducing mattress. Requires prior authorization or expedited prior authorization. Deemed purchased after 1 year's rental. See Expedited Prior Authorization (EPA), Section G.
 E2402	RR	\$40.17/day	Negative pressure wound therapy electrical pump, stationary or portable. Rental only. Requires prior authorization. Replaces HCPCS Code K0538.
K0538	RR	40.17/day	Negative pressure wound therapy electrical pump, stationary or portable. Rental only. Requires prior authorization. Replaces code 0917E. Discontinued for dates of service on and after April 1, 2004. Replaced by HCPCS code E2402.
K0539		\$27.42	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each. Purchase only. Requires prior authorization. Replaces code 0917E. Discontinued for dates of service on and after April 1, 2004. Replaced by HCPCS code A6550.




Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
K0540		\$24.53	Canister set for negative pressure wound therapy electrical pump, stationary or portable, each. Purchase only. Requires prior authorization. Replaces code 0917E. Discontinued for dates of service on and after April 1, 2004. Replaced by HCPCS code A6551.
K0549	NU RR	\$9,363.20 \$31.21/day	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Replaced by HCPCS code E0303.
K0550	NU RR	\$9,363.20 \$31.21/day	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress. Requires prior authorization. Deemed purchased after 1 year's rental. Replaced by HCPCS code E0304.


Other Patient Room Equipment

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0621		\$95.52	Sling or seat, patient lift, canvas or nylon. Purchase only. Included in nursing facility daily rate.
E0625		#	Patient lift, Kartop, bathroom or toilet.
E0627		#	Seat lift mechanism incorporated into a combination lift-chair mechanism.
E0628		#	Separate seat lift mechanism for use with patient owned furniture - electric.
E0629		#	Separate seat lift mechanism for use with patient owned furniture - nonelectric.



Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0630	NU RR	\$1,013.80 \$101.38	Patient lift, hydraulic, with seat or sling. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization. (Includes bath.)
E0635	NU RR	\$3,565.92 \$356.59	Patient lift, electric, with seat or sling. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Requires prior authorization.
E0636		#	Multipositional patient support system, with integrated lift, patient accessible controls.
E0830		#	Ambulatory traction device, all types, each.
E0840		\$72.91	Traction frame, attached to headboard, cervical traction. Purchase only. Included in nursing facility daily rate.
 E0850		\$105.06	Traction stand, freestanding, cervical traction. Purchase only. Included in nursing facility daily rate.
E0855		#	Cervical traction equipment not requiring additional stand or frame.
E0860		\$38.02	Traction equipment, overdoor, cervical. Purchase only. Included in nursing facility daily rate.
E0870		\$115.73	Traction frame, attached to footboard, simple extremity traction (e.g. Buck's). Purchase only. Included in nursing facility daily rate.
 E0880		\$125.54	Traction stand, freestanding, extremity traction (e.g., Buck's). Purchase only. Included in nursing facility daily rate.
E0890		\$119.81	Traction frame, attached to footboard, pelvic traction. Purchase only. Included in nursing facility daily rate.
 E0900		\$128.12	Traction stand, freestanding, pelvic traction (e.g., Buck's). Purchase only. Included in nursing facility daily rate.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0910	NU RR	\$185.90 \$18.59	Trapeze bar, also known as patient helper, attached to bed with grab bar. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0920	NU RR	\$424.60 \$42.46	Fracture frame, attached to bed. Includes weights. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0930	NU RR	\$454.60 \$45.46	Fracture frame, freestanding, includes weights. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0940	NU RR	\$346.00 \$34.60	Trapeze bar, freestanding, complete with grab bar. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
 E0941	NU RR	\$369.00 \$36.90	Gravity assisted traction device, any type. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0946	NU RR	\$588.70 \$58.87	Fracture frame, dual with cross bars, attached to bed (e.g., Balken, 4-poster). Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0947		\$512.94	Fracture frame, attachments for complex pelvic traction. Purchase only. Included in nursing facility daily rate.
E0948		\$583.69	Fracture frame, attachments for complex cervical traction. Purchase only. Included in nursing facility daily rate.
E0972		\$46.53	Wheelchair accessory, transfer board or device, each. Purchase only. Included in nursing facility daily rate.


Positioning Devices

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
 E0637	NU RR	\$2,104.97 \$210.49	Combination sit to stand system, any size, with seat lift feature, with or without wheels. (includes padded seat, knee support, foot plates, foot straps, formed table and cup holder and hydraulic actuator) Requires prior authorization. Deemed purchased after one year's rental. Included in nursing facility daily rate.
 E0638		\$1,849.40	Standing frame system, any size, with or without wheels. (includes padding, straps, adjustable armrests, footboard and support blocks.) Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. Replaces HCPCS code S8470.
E1399		\$30.04	Durable medical equipment, miscellaneous. (Positioning block/wedge). Included in nursing facility daily rate. Purchase only. EPA #870000754 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G. Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code E0190.
E1399		\$1,408.00	Durable medical equipment, miscellaneous. (Prone stander, child size (child up to 48" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000755 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399		\$1,782.40	Durable medical equipment, miscellaneous. (Prone stander, youth size (youth up to 58" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000756 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E1399		\$1,782.00	Durable medical equipment, miscellaneous. (Prone stander, infant size (infant up to 38" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000757 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399		\$2,010.40	Durable medical equipment, miscellaneous. (Prone stander, adult size (adult up to 75" tall). Includes padding, chest and foot straps). Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. EPA #870000758 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399		\$473.88	Durable medical equipment, miscellaneous. (High back activity chair (for child/adult 41" -70" tall). Includes adjustable footrest, two pairs of support blocks and hip strap). Limit of 1 per client every 3 years. Included in nursing facility daily rate. Purchase only. EPA #870000751 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G. Requires prior authorization.
S8470		\$1,849.40	Positioning device, stander for use by patient who is unable to stand independently (e.g. cerebral palsy patient), small or large, includes padding, straps, adjustable armrests, footboard and support blocks. Limit of 1 per client every 5 years. Included in nursing facility daily rate. Purchase only. Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code E0638.








Noninvasive Bone Growth/Nerve Stimulators

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0720		#	TENS, two lead, localized stimulation.
E0730	NU RR	\$368.73 \$36.87	Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation. Includes 4 lead wires, 4 electrodes, battery charger and gel. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0731		#	Form-fitting conductive garment for delivery of TENS or NMES (with conductive fibers separated from the patient's skin by layers of fabric)
 E0740	NU RR	\$522.87 \$52.29	Incontinence treatment system, pelvic floor stimulator, monitor, sensor and/or trainer. Requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0744		#	Neuromuscular stimulator for scoliosis
E0745		#	Neuromuscular stimulator, electronic shock unit.
E0746		#	Electromyography (EMG) biofeedback device.
E0747		\$3,509.76	Osteogenesis stimulator, electrical noninvasive, other than spinal applications. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0748		\$3,487.02	Osteogenesis stimulator, electrical noninvasive, spinal applications. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0749		#	Osteogenesis stimulator, electrical, surgically implanted.
E0752		#	Implantable neurostimulator electrode, each.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0754		#	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator.
E0755		#	Electronic salivary reflex stimulator (intraoral/noninvasive)
E0756		#	Implantable neurostimulator pulse generator
E0757		#	Implantable neurostimulator radiofrequency receiver
E0758		#	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver.
E0759		#	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement.
E0760		\$3,487.02	Osteogenesis stimulator, low intensity ultrasound, noninvasive. Purchase only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0761		#	Non-thermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device.
E0765		#	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting.
K0600		#	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program.

Communication Devices

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
E1902		#	Communication board, non-electronic augmentative or alternative communication device.
 E2500		\$389.13	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to 8 minutes recording time. Purchase only. Requires prior authorization. Replaced code K0541.
 E2502		\$1,195.80	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes but less than or equal to 20 minutes recording time. Purchase only. Requires prior authorization.
 E2504		\$1,577.42	Speech generating device, digitized speech, using pre-recorded messages, greater than 20 minutes but less than or equal to 40 minutes recording time. Purchase only. Requires prior authorization.
 E2506		\$2,312.96	Speech generating device, digitized speech, using pre-recorded messages, greater than 40 minutes recording time. Purchase only. Requires prior authorization.
 E2508		\$3,558.93	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device. Purchase only. Requires prior authorization. Replaced code K0543.
 E2510		\$6,734.78	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access. Purchase only. Requires prior authorization. Replaced code K0544.
E2511		#	Speech generating software program, for personal computer or personal digital assistant.
 E2512		\$416.93	Accessory for speech generating device, mounting system. Purchase only. Requires prior authorization. Replaced code K0546.




Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E2599		BR	Accessory for speech generating device, not otherwise classified. Purchase only. Requires prior authorization. Replaced HCPCS code K0547.
K0541		\$389.13	Speech generating device, digitized speech, using pre-recorded messages, less than or equal to eight minutes recording time. Purchase only. Requires prior authorization. Replaced by HCPCS code E2500.
K0542		\$1,504.03	Speech generating device, digitized speech, using pre-recorded messages, greater than 8 minutes recording time. Purchase only. Requires prior authorization. Code discontinued with no replacement.
K0543		\$3,558.93	Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device. Purchase only. Requires prior authorization. Replaced by HCPCS code E2508.
K0544		\$6,734.78	Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access. Purchase only. Requires prior authorization. Replaced by HCPCS code E2510.
K0546		\$416.93	Accessory for speech generating device, mounting system. Purchase only. Requires prior authorization. Replaced by HCPCS code E2512.
K0547		BR	Accessory for speech generating device, not otherwise classified. Purchase only. Requires prior authorization. Replaced by HCPCS code E2599.
L8500		\$594.15	Artificial larynx, any type. Purchase only.




Ambulatory Aids

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
A4635		\$5.09	Underarm pad, crutch, replacement, each. Included in nursing facility daily rate. Purchase only.
A4636		\$4.18	Replacement handgrip, cane, crutch, or walker, each. Included in nursing facility daily rate. Purchase only.
A4637		\$1.80	Replacement tip, cane, crutch, or walker, each. Included in nursing facility daily rate. Purchase only.
E0100		\$20.97	Cane; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. Purchase only.
E0105		\$48.87	Cane, quad or three-prong; includes canes of all materials; adjustable or fixed, with tip. Included in nursing facility daily rate. Purchase only.
E0110		\$77.21	Crutches, forearm; includes crutches of various materials, adjustable or fixed; complete with tips and handgrips. Included in nursing facility daily rate. Purchase only.
E0111		\$53.00	Crutches, forearm, includes crutches of various materials, adjustable or fixed, each, with tip and handgrip. Included in nursing facility daily rate. Purchase only.
E0112		\$36.82	Crutches, underarm, wood, adjustable or fixed, per pair, with pads, tips/handgrips. Included in nursing facility daily rate. Purchase only.
E0113		\$21.03	Crutch, underarm; wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0114		\$44.29	Crutches, underarm; other than wood; adjustable or fixed; per pair, with pads, tips and handgrips. Included in nursing facility daily rate. Purchase only.
E0116		\$23.70	Crutch, underarm; other than wood; adjustable or fixed; each, with pad, tip and handgrip. Included in nursing facility daily rate. Purchase only.
 E0117		\$192.71	Crutch, underarm, articulating, spring assisted, each. Requires prior authorization. Purchase only.
E0118		#	Crutch substitute, lower leg platform, with or without wheels, each.
E0130		\$69.89	Walker, rigid (pickup), adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
E0135		\$83.43	Walker; folding (pickup), adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
 E0140		\$360.71	Walker, with trunk support, adjustable or fixed height, any type. Included in nursing facility daily rate. Purchase only.
 E0141		\$115.29	Walker, rigid, wheeled, adjustable or fixed height. Included in nursing facility daily rate. Purchase only.
E0142		\$384.77	Rigid walker, wheeled, with seat. Included in nursing facility daily rate. Purchase only. Discontinued for dates of service on and after April 1, 2004.
E0143		\$119.63	Walker, folding, wheeled, adjustable or fixed height. Purchase only.
E0144		\$220.46	Walker, enclosed, four sided framed, rigid or folding, wheeled with posterior seat. Included in nursing facility daily rate. Purchase only.
E0146		\$384.77	Folding walker, wheeled, with seat. Included in nursing facility daily rate. Purchase only. Discontinued for dates of service on and after April 1, 2004.




Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
 E0147		\$574.81	Walker, heavy duty, multiple braking system, variable wheel resistance. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0148		\$127.05	Walker, heavy duty, without wheels, rigid or folding, any type. (over 250lbs) Included in nursing facility daily rate. Purchase only.
 E0149		\$223.20	Walker, heavy duty, wheeled, rigid or folding, any type. (over 250 lbs) Included in nursing facility daily rate. Purchase only.
E0153		\$68.34	Platform attachment, forearm crutch, each. Included in nursing facility daily rate. Purchase only.
E0154		\$70.16	Platform attachment, walker, each. Included in nursing facility daily rate. Purchase only.
E0155		\$26.70	Wheel attachment, rigid pick-up walker, per pair seat attachment, walker. Included in nursing facility daily rate. Purchase only.
 E0156		\$26.43	Seat attachment, walker. Included in nursing facility daily rate. Purchase only.
E0157		\$76.89	Crutch attachment, walker, each. Included in nursing facility daily rate. Purchase only.
E0158		\$32.02	Leg extensions for walker, per set of four (4). Included in nursing facility daily rate. Purchase only.
E0159		\$24.48	Brake attachment for wheeled walker, replacement, each. Included in nursing facility daily rate. Purchase only.



Bathroom Equipment

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0160		#	Sitz type bath or equipment, portable, used with or without commode.
E0161		#	Sitz type bath or equipment, portable, used with or without commode, with faucet attachment(s).
E0162		#	Sitz bath chair.
E0163	NU RR	\$109.74 \$10.97	Commode chair, stationary, with fixed arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0164	NU RR	\$180.51 \$18.05	Commode chair, mobile, with fixed arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0165	NU RR	\$184.90 \$18.49	Commode chair, stationary, with detachable arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization. <i>Discontinued for dates of service on and after April 1, 2004. Replaced by HCPCS code E0163.</i>
E0166	NU RR	\$281.40 \$28.14	Commode chair, mobile, with detachable arms. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization.
E0167		\$11.94	Pail or pan, for use with commode chair. Included in purchase price of commode. Included in nursing facility daily rate. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0168	NU RR	\$150.92 \$15.17	Commode chair, extra wide and/or heavy duty, stationary or mobile, with or without arms, any type, each. Rental requires prior authorization. Deemed purchased after 1 year's rental. Included in nursing facility daily rate.
E0169		#	Commode chair with seat lift mechanism.
 E0175		BR	Foot rest, for use with commode chair, each. Requires prior authorization. Included in nursing facility per-diem. Purchase only.
E0240		#	Bath/shower chair, with or without wheels, any size.
E0241		\$48.03	Grab bar, L-shaped (left or right), each. Included in nursing facility daily rate. Purchase only.
E0242		\$32.60	Bathtub rail, floor base, each. Included in nursing facility daily rate. Purchase only.
E0243		\$43.78	Toilet rails (safety side frame), with or without mounting brackets. Included in nursing facility daily rate. Purchase only.
E0244		\$105.68	Toilet seat, padded or non-padded, with or without mounting brackets, raised or multiposition. Included in nursing facility daily rate. Purchase only.
E0245		\$64.00	Tub stool or bench, padded or non-padded, with or without commode cutout, fixed or adjustable height. Included in nursing facility daily rate. Purchase only.
E0246		\$30.23	Transfer tub rail attachment, each. Included in nursing facility daily rate. Purchase only.
 E0247		\$174.35	Transfer bench for tub or toilet with or without commode opening. Included in nursing facility daily rate. Purchase only.
 E0248		\$247.81	Transfer bench, heavy duty, for tub or toilet with or without commode opening. (over 250 lbs) Included in nursing facility daily rate. Purchase only.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0275		\$15.23	Bed pan, standard, metal or plastic. Purchase only.
E0276		\$11.25	Bed pan, fracture, metal or plastic. Purchase only.
E0325		\$10.06	Urinal; male, jug-type, any material. Purchase only. Included in nursing facility daily rate.
E0326		\$10.45	Urinal; female, jug-type, any material. Purchase only. Included in nursing facility daily rate.
 E0350		BR	Control unit for electronic bowel irrigation/evacuation system. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
 E0352		BR	Disposable pack (water reservoir bag, speculum, valving mechanism and collection bag/box) for use with the electronic bowel irrigation/evacuation system. Requires prior authorization. Included in nursing facility daily rate. Purchase only.
E1399		\$247.80	Durable medical equipment, miscellaneous. (Heavy duty padded or unpadded transfer tub bench (250 to 400 lbs.)). Purchase only. Included in nursing facility daily rate. EPA #870000768 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G. Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code E0248.
E1399		\$32.10	Durable medical equipment, miscellaneous. (Bath seat without back). Included in nursing facility daily rate. Purchase only. EPA #870000766 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399		\$32.91	Durable medical equipment, miscellaneous. (Shower, hand-held). Included in nursing facility daily rate. Purchase only. EPA #870000759 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E1399	NU RR	\$594.80 \$59.48	Durable medical equipment, miscellaneous. (Padded or unpadded shower/commode chair, wheeled, with casters). Deemed purchased after 1 year's rental. Rental requires prior authorization. Included in nursing facility daily rate. <i>EPA #870000771 must be used when billing this item for purchase. See Expedited Prior Authorization (EPA), Section G.</i>
E1399		\$59.12	Durable medical equipment, miscellaneous. (Adjustable bath/shower chair with back). Included in nursing facility daily rate. Purchase only. <i>EPA #870000772 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</i>
E1399		\$340.00	Durable medical equipment, miscellaneous. (Adjustable bath/shower chair with back, padded seat). Included in nursing facility daily rate. Purchase only. <i>EPA #870000773 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</i>
E1399		\$487.20	Durable medical equipment, miscellaneous. (Pediatric bath chair; includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. <i>EPA #870000774 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</i>
E1399		\$540.00	Durable medical equipment, miscellaneous. (Youth bath chair, includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. <i>EPA #870000776 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</i>
E1399		\$600.00	Durable medical equipment, miscellaneous. (Adult bath chair, includes head pad, chest and leg straps). Included in nursing facility daily rate. Purchase only. <i>EPA #870000777 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.</i>

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
E1399	NU	\$1,143.85	Durable medical equipment, miscellaneous. (Potty chair, child, small/medium. Includes anterior/lateral support, hip strap, adjustable seat/back). Purchase only. Included in nursing facility daily rate. <i>EPA #870000778 must be used when billing this item.</i> See Expedited Prior Authorization (EPA), Section G.
E1399	NU	\$1,334.65	Durable medical equipment, miscellaneous. (Potty chair, child, large. Includes anterior/lateral support, hip strap, adjustable seat/back). Purchase only. Included in nursing facility daily rate. <i>EPA #870000779 must be used when billing this item.</i> See Expedited Prior Authorization (EPA), Section G.
E1399		\$159.20	Durable medical equipment, miscellaneous. (Heavy duty bath chair (for clients over 250 lbs.)). Included in nursing facility daily rate. Purchase only. <i>EPA #870000767 must be used when billing this item.</i> See Expedited Prior Authorization (EPA), Section G.

Blood Monitoring

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
A4660		\$31.45	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope. Purchase only.
A4663		\$26.11	Blood pressure cuff only. Purchase only.
A4670		\$91.56	Automatic blood pressure monitor. Purchase only.
E0607		\$66.49	Home blood glucose monitor. Purchase only. Limit of 1 per client, per 3 years.
E2100		\$578.72	Blood glucose monitor with integrated voice synthesizer. Requires prior authorization. Purchase

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
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only. Limit of 1 per client, per 3 years.

E2101	#	Blood glucose monitor with integrated lancing/blood sample.
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Support Devices/Orthotics

See the Prosthetics and Orthotics Billing Instructions for Support Devices/Orthotics Codes

Miscellaneous Durable Medical Equipment

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
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E0202	RR	\$6.19/day	Phototherapy (bilirubin) light with photometer. Rental only. Includes all supplies. Limit of five days of rental per client per 12-month period.
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E0602		\$33.89	Breast pump, manual, any type. Purchase only.
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E0603	RR	\$2.79/per day	Breast pump, electric, AC and/or DC, any type. Rental only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
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Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0604	RR	\$2.79/per day	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, supplies, transformer, electric, AC and/or DC. Rental only. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0650	NURR	\$716.65\$71.66	Pneumatic compressor, nonsegmental home model. Deemed purchased after 1 year's rental. Included in nursing facility daily rate. Rental requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.
E0651		#	Pneumatic compressor, segmental home model without calibrated gradient pressure.
E0652		#	Pneumatic compressor, segmental home model with calibrated gradient pressure.
E0655		\$107.92	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half arm. Purchase only.
E0660		\$159.75	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full leg. Purchase only.
E0665		\$126.87	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, full arm. Purchase only.
E0666		\$138.08	Extremity sleeve: nonsegmental pneumatic appliance for use with pneumatic compressor, half leg. Purchase only.
E0667		#	Segmental pneumatic appliance for use with pneumatic compressor, full leg
E0668		#	Segmental pneumatic appliance for use with pneumatic compressor, full arm

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0669		#	Segmental pneumatic appliance for use with pneumatic compressor, half leg
E0671		#	Segmental gradient pressure pneumatic appliance, full leg.
E0672		#	Segmental gradient pressure pneumatic appliance, full arm.
E0673		#	Segmental gradient pressure pneumatic appliance, half leg.
E0675		#	Pneumatic compression device, high pressure, rapid inflation/deflation cycle, for arterial insufficiency (unilateral or bilateral system).
E0691		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less
E0692		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel.
E0693		#	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel.
E0694		#	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection.
E0701		\$153.35	Helmet with face guard and soft interface material, prefabricated. Limit of two per client per year. Included in nursing facility daily rate. Purchase only.
E0710		#	Restraint, any type (body, chest, wrist or ankle)
E0935	RR	\$26.22/day	Passive motion exercise device, complete. Rental allowed for maximum of 10 days. Includes continuous passive motion softgoods kit. Requires prior authorization or expedited prior authorization. See Expedited Prior Authorization (EPA), Section G.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPSC Code	Modifier	October 1, 2003 Maximum Allowable	Description
E1300		#	Whirlpool, portable (overtub type)
E1310		#	Whirlpool, nonportable (built-in type)
E1399		\$37.92	Durable medical equipment, miscellaneous. (Breast pump kit, electric). Purchase only. EPA #870000764 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G.
E1399		\$640.74	Durable medical equipment, miscellaneous. (Orthopedic positioning car seat. (5 years and older)). Included in nursing facility daily rate. Purchase only. Requires prior authorization. EPA #870000749 must be used when billing this item. See Expedited Prior Authorization (EPA), Section G. Discontinued for dates of service on and after April 1, 2004. Replaced with HCPCS code T5001.
E2000	RR	\$51.83	Gastric suction pump, home model, portable or stationary, electric. Rental only. Requires prior authorization.
K0606		#	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type.
K0607		#	Replacement battery for automated external defibrillator, garment type only, each.
K0608		#	Replacement garment for use with automated external defibrillator, each.
K0609		#	Replacement electrodes for use with automated external defibrillator, garment type only, each.
 T5001	NU RR	\$640.74 \$64.07	Positioning seat for persons with special orthopedic needs, for use in vehicles.(5 years and older). Rental and under 5 years of age require prior authorization. Included in nursing facility daily rate.

Other Charges for DME Services

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0200		#	Heat/Cold Application. Heat lamp, without stand (table model), includes bulb, or infrared element.
E0203		#	Therapeutic lightbox, minimum 10,000 lux, table top model
E0205		#	Heat lamp, with stand, includes bulb, or infrared element
E0210		#	Electric heat pad, standard.
E0215		#	Electric heat pad, moist.
E0217		#	Water circulating heat pad with pump.
E0218		#	Water circulating cold pad with pump.
E0220		#	Hot water bottle
E0221		#	Infrared heating pad system.
E0225		#	Hydrocollator unit, includes pads.
E0230		#	Ice cap or collar
E0231		#	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover.
E0232		#	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover.
E0235		#	Paraffin bath unit, portable (see medical supply code A4265 for paraffin)
E0236		#	Pump for water circulating pad.
E0238		#	Nonelectric heat pad, moist.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

HCPCS Code	Modifier	October 1, 2003 Maximum Allowable	Description
E0239		#	Hydrocollator unit, portable.
E0249		#	Pad for water circulating heat unit.
E1340		\$17.43	Labor, other DME repairs (other than wheelchairs), per quarter hour. (Trouble shooting, delivery, evaluations, travel time, etc. are included in the reimbursement of the items). Requires prior authorization. For client-owned equipment only.
E1399	NU RR	BR BR	Durable medical equipment, miscellaneous. (Other nonlisted durable medical equipment not otherwise listed). Provide complete description including copy of manufacturer's product information and price catalog with request for authorization. Requires prior authorization.

Wheelchairs, Durable Medical Equipment (DME), and Supplies

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